



**Massachusetts Department of Environmental Protection**  
Bureau of Air & Waste  
Underground Storage Tank (UST) Program  
**UST6 – System Removal/Closure in Place**

UST Facility Name \_\_\_\_\_

UST Facility ID # \_\_\_\_\_

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Notes:**

• Make additional copies as needed.

• If you are replacing a removed tank with a new tank in the same location at the facility, you must register the new tank with MassDEP.

**Check the appropriate action(s) below. Complete ONLY the appropriate section(s) and submit with the UST1-Cover Sheet/Certification Form.**

- ☐ UST System Removal/Closure – Sections A.1.& B.      ☐ UST System Permanent Closure in Place – Section A.2. & B
- ☐ Removal/Permanent Closure of Abandoned/Unregistered UST System – Sections A.3. & B

**A. UST System Removal/Closure**

**1. UST System Removal**

	Tank ID	Tank ID	Tank ID	Tank ID
a. Date of tank removal:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Was all liquid and solid material removed from the UST in accordance with federal, state and local laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Was the tank rendered inert per 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Were all openings secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Was all piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Capacity of Tank:	Gallons	Gallons	Gallons	Gallons

**2. UST System Permanent Closure in Place**

	Tank ID	Tank ID	Tank ID	Tank ID
a. Date of closure in place:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Were all regulated substances removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Was the tank system rendered inert per 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has a registered professional civil or structural engineer determined that the tank cannot be removed without endangering the structural integrity of another UST system, structure, underground piping or underground utilities, per 310 CMR 80.43(3)(a)(1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Did MassDEP approve – or not notify the Owner within 30 days of submittal of – the civil or structural engineer's determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**A. UST Removal/Closure** (continued)

**Notes:**

• Make additional copies as needed.

• For abandoned or unregistered tanks, answer the questions in this section. There will be no UST Facility Number assigned to tank systems found at unregistered facilities.

3. Removal/Permanent Closure of Abandoned/Unregistered UST System				
	Tank 1	Tank 2	Tank 3	Tank 4
a. Date of removal/closure in place:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Where was this tank located?	Longitude	Longitude	Longitude	Longitude
	Latitude	Latitude	Latitude	Latitude
c. UST final disposition (check one):				
	Removed from ground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closed in place <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Estimated Capacity of Tank	Gallons	Gallons	Gallons	Gallons
e. <b>Closed in place only:</b> Did a registered professional engineer verify that removing this tank would threaten the structural integrity of a building or another UST system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. <b>Closed in place only:</b> Was the tank filled with appropriate material (e.g. concrete slurry mix or approved inert material)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Assessment of Release at Removal or Closure**

	Tank ID	Tank ID	Tank ID	Tank ID
Was an assessment conducted in accordance with 310 CMR 80.43(4) before within 24 hours of the removal or before the closure in place was completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No